

☐ Initial Application  
☐ Amended Application  
Date: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

RECEIVED  
MAR 29 2022

COMMITTEE ID NUMBER  
(office use only)

PAC2022-04

COMMITTEE TYPE (choose one):

Town of Cave Creek

☒ Candidate

Committee Name (required):  
(first or last name & office)

RETURN TOM AUGHERTON TO COUNCIL

Candidate Information:

Candidate's Name (required):

TOM AUGHERTON

Candidate's mailing address (required):

P.O. BOX 6062 CHANDLER, AZ 85377

Candidate's email address (required):

TOM.AUGHERTON@GMAIL.COM

Candidate's phone number (required):

602-697-6200

Candidate's website (if any):

Office Sought (choose one):

☐ County Office:

☐ District (if applicable):

☒ City/Town Office: TOWN COUNCIL

☐ District (if applicable):

☐ School Board Office:

☐ District (if applicable):

☐ Special District Board:

☐ District (if applicable):

Election Cycle for Office Sought (year the election will take place) (required):

Party Affiliation:

(required for partisan offices)

☐ Democrat

☐ Green

☐ Libertarian

☐ Republican

☐ Other:

☐ Political Action Committee (PAC)

Committee Name (required):  
(if sponsored, must include  
sponsor's name)

Political Function (optional):  
(select any that apply)

☐ Contributions

☐ Candidate-Related Independent Expenditures

☐ Ballot Measure Expenditures

☐ Recall Expenditures

Sponsorship Information:  
(if applicable)

Sponsor's name or nickname (required):

Sponsor's mailing address (required):

Sponsor's email address (required):

Sponsor's phone number (if any):

Sponsor's website (if any):

Special Status  
(if applicable)

☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union

☐ Standing Committee (must also complete separate standing committee registration)

☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

☐ Political Party

Committee Name (required):  
(must include party affiliation)

Jurisdiction:

☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)

☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)

☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status  
(if applicable)

☐ Standing Committee (must also complete separate standing committee registration)

☒ Initial Application  
☒ Amended Application  
Date: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

PAC2022-04

COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): P.O. BOX 6022 CAREFREE AZ 85311  
Committee's email address (required): TOWN COUNCIL - TOM HUBERTON@BMAIL.COM  
Committee's phone number (if any): ---  
Committee's website (if any): ---

Chairperson's Information:

Chairperson's name (required): \_\_\_\_\_  
Chairperson's physical address (required): \_\_\_\_\_  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): \_\_\_\_\_  
Chairperson's phone number (required): \_\_\_\_\_  
Chairperson's employer (required): \_\_\_\_\_  
Chairperson's occupation (required): \_\_\_\_\_

Treasurer's Information:

Treasurer's name (required): TOM HUBERTON  
Treasurer's physical address (required): 40230 N. 54TH ST. CAREFREE AZ 85331  
Treasurer's mailing address (if different): P.O. BOX 6022 CAREFREE AZ 85311  
Treasurer's email address (required): TOM HUBERTON@BMAIL.COM  
Treasurer's phone number (required): 602-647-6200  
Treasurer's employer (required): STATE OF ARIZONA  
Treasurer's occupation (required): STATE OF ARIZONA

Bank or Financial Institution:  
(do not list acct numbers)

Bank name (required): WELLS FARGO  
Additional bank name (if applicable): \_\_\_\_\_  
Additional bank name (if applicable): \_\_\_\_\_

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

Chairperson's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Candidate's signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

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Date: \_\_\_\_\_



**STATE OF ARIZONA  
COMMITTEE TERMINATION  
STATEMENT**

COMMITTEE ID NUMBER

*PAC2022-04*

**COMMITTEE INFORMATION:**

Committee name: *RETURN TOM AUGHERTY TO COUNCIL*  
Mailing address: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Website: \_\_\_\_\_  
Chairperson name: \_\_\_\_\_  
Treasurer: \_\_\_\_\_

**DECLARATION AND SIGNATURES:**

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that: (1) the committee will no longer receive any contributions or make any disbursements; (2) the committee either (a) has no outstanding debts or obligations, or (b) has outstanding debts or obligations that are all more than five years old, and the committee's creditors have agreed to discharge the debts and obligations and have agreed to the termination of the committee; (3) any surplus monies have been disposed of and that the committee has no cash on hand; and (4) all contributions and expenditures have been reported, including any disposal of surplus monies.

Chairperson's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's signature (if applicable): *Tom Augher* Date: *3/29/2022*